

# COMMUNITY MENTAL HEALTH SERVICES PROGRAMS REPORT

(FY2006 Appropriation Bill - Public Act 154 of 2005)

**May 31, 2006**

**Section 404:** (1) Not later than May 31 of each fiscal year, the department shall provide a report on the community mental health services programs to the members of the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that includes the information required by this section. (2) The report shall contain information for each CMHSP or specialty prepaid health plan and a statewide summary, each of which shall include at least the following information: (a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis. (b) Per capita expenditures by client population group. (c) Financial information which, minimally, shall include a description of funding authorized; expenditures by client group and fund source; and cost information by service category, including administration. Service category shall include all department approved services. (d) Data describing service outcomes which shall include, but not be limited to, and evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment. (e) Information about access to community mental health services programs which shall include, but not be limited to, the following: (i) The number of people receiving requested services. (ii) The number of people who requested services but did not received services. (iii) The number of people requesting services who are on waiting lists for services. (iv) The average length on time that people remained on waiting lists for services. (f) The number of second opinions requested under the code and the determination of any appeals. (g) An analysis of information provided by community mental health service programs in response to the needs assessment requirements of the mental health code, including information about the number of persons in the service delivery system who have requested and are clinically appropriate for different services. (h) Lapses and carryforwards during fiscal year 2004-2005 for CMHSPs or specialty prepaid health plans. (i) Contracts for mental health services entered into by CMHSPs or specialty prepaid health plans with providers, including amount and rates, organized by type of service provided. (j) Information on the community mental health Medicaid managed care program, including, but not limited to, both of the following: (i) Expenditures by each CMHSP or specialty prepaid health plan organized by Medicaid eligibility group, including per eligible individual expenditure averages. (ii) Performance indicator information required to be submitted to the department in the contracts with CMHSPs or specialty prepaid health plans. (3) The department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP or specialty prepaid health plan. (4) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs or specialty prepaid health plans.

*Michigan Department  
of Community Health*



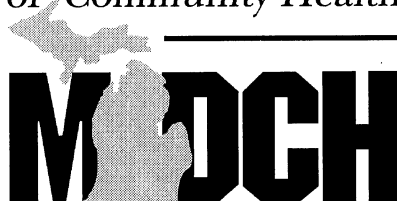
**Jennifer M. Granholm, Governor**  
**Janet Olszewski, Director**

REPORT FOR  
SECTION 404

COMMUNITY MENTAL HEALTH SERVICE  
PROGRAMS DEMOGRAPHIC AND COST  
DATA  
FY 2005

STATE OF MICHIGAN

*Michigan Department  
of Community Health*



Jennifer M. Granholm, Governor  
Janet Olszewski, Director

May 2006

**REPORT FOR  
SECTION 404 (2) (a, b, and c)  
COMMUNITY MENTAL HEALTH SERVICE PROGRAMS  
DEMOGRAPHIC AND COST DATA  
2005**

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May 2006

This report was prepared by the Michigan Department of Community Health

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SECTION 404 (2)  
CMHSP DEMOGRAPHIC AND COST DATA  
FY 2005

Introduction

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
REPORT ADDRESSING PA 349 (2004) SECTION 404(2) & 404(3)

**Section 404(2)(a,b,c) requires a report containing information for each Community Mental Health Services Program (CMHSP) with a statewide summary; such a report will give a demographic description of service recipients, including reimbursement eligibility, client population groups, age, ethnicity, housing arrangements and diagnosis, and per capita expenditures per client population group. This information is provided in the attached document for persons with mental illness (MI), developmental disabilities (DD), dual diagnosis (MI & DD) and substance abuse for each CMHSP, as well as statewide.**

Information to address these sections is current as of April 2006, from all 46 CMHSPs' programs for the reporting period October 1, 2004 through September 30, 2005. (It should be noted that there are currently 46 CMHSPs). In FY 2005, there were 158,412 persons with MI, 27,807 persons with DD, 7,183 persons with MI & DD, 1,991 persons who received substance abuse services only, and 5,031 persons for whom diagnosis is unknown, for a total 200,424 persons who received services in CMHSPs throughout Michigan. Of those individuals with MI, 35,120 (22.2 percent) are 17 years or under and 4,821 (17.3 percent) of the persons with DD are 17 years or younger. Of those persons for whom race or ethnicity are reported, 49,457 (27.2 percent) are members of a minority group. The total costs reported across the 46 CMHSPs for FY 2005 was \$1,996,788,597. The attached material provides cost information by CMHSP for adults and children with MI, and persons with DD.

**Section 404(2)(d) requires financial information that includes a description of funding authorized expenditures by client group and fund sources, and cost information by service category. Information to address this section was obtained in January 2006, from all 46 CMHSPs for the period October 1, 2004 through September 30, 2005. The attached report provides the costs and units for specific services for adults and children with MI, and persons with DD for each CMHSP, as well as statewide.**

**Section 404(2)(e) requires the reporting of data describing service outcomes which shall include, but not be limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment. This section is not yet available for the FY 2005 reporting year. It is expected that the Michigan 2005 Consumer Satisfaction Report should be available in July 2006.**

**Section 404(2)(f,g) requires information about access to CMHSPs which shall include, but is not limited to, the number of persons receiving and/or requesting services, and the number of second opinions requested under the code and the determination of any appeals. This section provides longitudinal information from numerous measures from the Performance Indicator System. Aggregated performance indicator data is submitted quarterly by CMHSPs. The figures in this section illustrate statewide performance over time by CMHSP on access and outcome indicators that MDCH believed could be affected by the implementation of managed care. This report contains data for 28 quarters of the managed care contract up to September 2005.**

**Section 404(2)(h) requires an analysis of information provided by CMHSPs in response to the needs assessment requirements of the Mental Health Code, including information about the number of persons in the service delivery system who have requested, and are clinically**

**appropriate, for different services.** In the attached, there is material on the assessment of community needs for each CMHSP for identified subpopulations in need, as well as detailed summaries of the number of total persons in need by CMHSP. Also provided are detailed summaries by CMHSP on the bed capacities by setting, as well as waiting lists for specific non-emergent services for adults and children with MI and persons with DD.

**Section 404(2)(i,j) requires an estimate of FTEs employed, any lapses and carry forwards.** This information is provided in the attached for each CMHSP.

**Section 404(2)(k) requires information regarding provider contacts, including amount and rates, organized by type of service provided.** Section K provides information on the number of contracts and contract amounts for specific services for adults and children with MI, as well as persons with DD. This information is provided for each CMHSP, as well as statewide.

**Section 404(2)(l) requires information on community mental health services, including both expenditures by CMHSP organized by Medicaid eligibility group and performance indicator information that is required to be submitted to the Department.** Section L provides statewide expenditures by Medicaid eligibility groups for persons with MI, DD, and substance abuse/dependence. The Performance Indicator requirements are provided in this section as well.

**Section 404(3) requires that the Department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP.** This information is included in the attached.